

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS	
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	
1	1					
2		1				
3	2		1			
4	3			1		
5	3			1		
6				1		
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STAL ID:			1		3	
STAL CP:			5		17	
STAL AIMS:		6		20		

PTO-1860 (3-78) MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS  
U.S. GOVERNMENT PRINTING OFFICE: 1975 5-125